

State of New Hampshire  
New Hampshire Board of Nursing  
121 S. Fruit St.  
Concord NH 03301

Nursing 603-271-2323

Webpage: <http://www.nh.gov/nursing/>  
TDD Access: Relay NH 1-800-735-2964

Nurse Asst. 603-271-6282

**Application Process for A.P.R.N. License**

**In order for licensure, you must have on file at the Board office:**

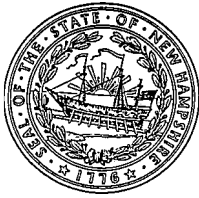
- ☐ . YES I have a current New Hampshire Registered Nurse license or a current, unencumbered license in a compact state.
- ☐ YES I have followed Board directives ([www.nh.gov/nursing/](http://www.nh.gov/nursing/)), to comply with the new FBI fingerprint and NH background check requirements and provided the required fee of \$49.75, payable to: State of NH -Criminal Records.  
**Your criminal record will be processed and sent directly to the Board of Nursing.** Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. **The Board can only accept criminal record reports that are sent to us by the NH State Police.**
- ☐ YES I have completed an Application for license as an Advanced Practice Registered Nurse in New Hampshire and attached a check or money order for fee of \$100.00 (U.S. Funds) **payable to: "Treasurer, State of New Hampshire".**
- ☐ YES I earned a graduate or post-masters graduate degree in an accredited nurse practitioner education program and have provided a final, official transcript. **OR**  
I earned a certificate before July 1, 2004 from an APRN education program accredited by a national accrediting body, and have provided a final, official transcript.  
*If a formal pharmacology course is not reflected on the transcript, documentation from the director of the program verifying the integration of pharmacological interventions is required.*
- ☐ YES I have successfully completed an approved advanced nursing educational program. This includes over 225 hours of theoretical nursing content, 480 hours of clinical nursing practice, including a precepted experience and pharmacological interventions.
- ☐ YES I am competent to provide activities that are specific to my category.
- ☐ YES Pursuant to RSA 318-B:33 II & Ph 1503.1(a), I have an active DEA# and I shall register with the NH Prescription Drug Monitoring Program within 90 days of licensure. DEA # \_\_\_\_\_ **OR** Not Applicable \_\_\_\_\_
- Until you receive notification of licensure, your practice of nursing in the state must be limited to the Registered Nurse (R.N.) scope of practice. This practice requires a current New Hampshire R.N. license or a current R.N. license in a compact state.
- When you are licensed, you will receive information pertinent to prescriptive authority (DEA number.)

<b><u>Newly graduated</u> A.P.R.N.s applying for licensure. <b>OR</b></b>		<b>A.P.R.N.s who were graduated from an A.P.R.N. program <u>two or more years prior</u> to date of application.</b>	
<input type="checkbox"/> YES I have provided a copy of <b>current</b> national certification according to RSA 326B and NH Administrative Rules.		<input type="checkbox"/> YES I have provided a copy of my <b>current</b> national certification. <input type="checkbox"/> YES I have provided documentation of 30 educational hours (including 5 pharmacology hours) within two years immediately prior to this application. <input type="checkbox"/> YES I have practiced in the advanced role for a minimum of 400 hours in my specialty within the past 4 years. <b>Date of last practice in advanced nursing</b> ____/____/____	
<b>Print Name:</b>		<b>Signature:</b>	<b>Date:</b>

**Reminder:** A.P.R.N. renewal occurs simultaneously with your birth date and registered nurse renewal regardless of the date the A.P.R.N. licensure was granted.

**Application/licensing process not completed within 180 days will be purged.**

New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.



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For Office Use Only:	
FEE: \$	_____
REC'D:	_____
CK/MO:	_____
	/ ____ / ____
TL# Issued Expire	_____
Reg#:	_____
Issue Date:	_____

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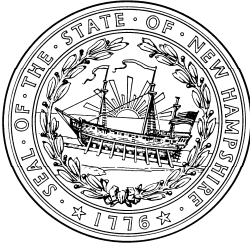
**Application for License: Advanced Practice Registered Nurse**

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE RETURNED

Last Name:		First Name:		Middle Initial:	Maiden/Other Names Used:	
Mailing Address:			City:		State:	Zip Code:
Primary Address				Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to driver's license, federal income tax return, voter registration documents or military payroll documents..		
Date of Birth:		Phone Number:		Social Security # required		
/ /		( ) -				
Name of Masters Degree or Educational Program:			Entrance Date:		Graduation Date:	
			/ /		/ /	
City or Town:			State:		Zip Code:	
Current RN License Number (*If pending, so state):			Expiration Date: / /			
If applicable please indicate Compact State						
Current Employer : If none, indicate						
Current Employer Address:			City:		State:	Zip code:
My educational program prepared me to seek licensure as a practitioner in the following category:						
Adult <input type="checkbox"/>			Nurse Midwife <input type="checkbox"/>			
Certified Registered Nurse Anesthetist <input type="checkbox"/>			Pediatric <input type="checkbox"/>			
If you answered YES to questions 1 - 4 you <b>must</b> attach a letter of explanation.						
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?						YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled?						YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")						YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?						YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do you want your name and address on a list of nurses that may be made available for purchase.						YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do you want your name and address on a list that may be made available for individuals conducting health care research?						YES <input type="checkbox"/> NO <input type="checkbox"/>
Make check payable to: "TREASURER, STATE OF NEW HAMPSHIRE (Fees are non-refundable)				FEE: A.P.R.N. License:\$100.00		
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).						
Full signature:					Date of Application:	
Please provide your e-mail address:						

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**Declaration of Primary State of Residence**

Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where you vote, pay taxes, hold a driver's license, etc.* In order for New Hampshire to issue or reactivate your permanent license you cannot hold an active license in another compact state. **PLEASE PROVIDE A CLEAN, LEGIBLE COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.**

For more information on nurse licensure compact, visit our website or visit [www.ncsbn.org](http://www.ncsbn.org).

***Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.***

**Applicant Information:**

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security#: XXX-XX - \_\_\_\_

Please check appropriate categories below:

\_\_\_\_ RN \_\_\_\_ LPN \_\_\_\_ APRN

\_\_\_\_ Exam \_\_\_\_ Endorsement \_\_\_\_ Reinstatement (NH Nursing License # \_\_\_\_\_)

**Check one of the following:**

\_\_\_\_ My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)

\_\_\_\_ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

\_\_\_\_ I am declaring another compact state as my primary state of residence. **NOTE: When permanently relocating to New Hampshire, apply for licensure by endorsement. You can practice on your former license for a period of up to 90 days. The 90 day period starts when you become a resident in New Hampshire.**

\_\_\_\_ I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

**Current primary/home address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3) 1-2015